



LINEUP LIFELINE APPLICATION

What is line up's lifeline program?

LIFELINE is a government-supported program that ensures anyone can get a mobile phone. Even if you have previously been unable to get a wireless phone, you may now qualify for a FREE LINE UP phone and phone service. You can use your phone for making calls, sending text messages, and accessing 911 services.

HOW DO I QUALIFY FOR LIFELINE?

You automatically qualify for service if you are enrolled in any of the following government programs:

1. Food Stamps (SNAP)
2. Supplemental Security Income (SSI – Not the same as Social Security Benefits)
3. National School Lunch (free program only)
4. Medicaid
5. Temporary Assistance to Needy Families (TANF)
6. Federal Public Housing Assistance (FPHA/Section 8)
7. Low-Income Energy Assistance Program (LIHEAP)

PLANS

Choose from the following plans:

1. **Unlimited Talk +Text for \$36.50**
2. **90-Free Minute Plan**

LIFELINE APPLICATION

Important Note: Lifeline is only available to the head-of-household. Furthermore, there is a limit of only one Lifeline phone per household. If you or a member of your household already receives a Lifeline subsidy from another provider, you're ineligible for this service.

1. PERSONAL INFORMATION:

The person below MUST BE the same person applying for the discount. Please do forget to sign the application below in Section 3.

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Last 4 Digits of SSN#: _____ Date of Birth (mm/dd/yyyy): _____

Phone Number: _____ Public Aid Case # (if applicable): _____

2. PROGRAM-BASED ELIGIBILITY:

Check all of the current program(s) within which the person in Section 1 is enrolled. You must provide current proof of program participation with this application.

- ☐ Food Stamps (SNAP)
- ☐ Supplemental Security Income (SSI – Not the same as Social Security Benefits)
- ☐ National School Lunch (free program only)
- ☐ Medicaid
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Federal Public Housing Assistance (FPHA/Section 8)
- ☐ Low-Income Energy Assistance Program (LIHEAP)

In order to complete the application successfully, you must:

1. Complete Sections #1, #2, and sign Section #3.
2. Attach documents to support proof of program participation.
3. Return application to LINE UP, PO Box 5544, Baltimore MD, 21209

Phone #: 1-800-888-8023

Assistance is available: 9-5 Mon-Fri EST

Fax Number: 1-866-862-8429

Website: www.lineupmobile.com

DISCLOSURE STATEMENT: Under penalty of perjury, I confirm that I participate in the above-stated program(s) and that the information contained within this application is true and correct. I acknowledge that providing false or fraudulent documentation in order to receive assistance is punishable by law. I understand that LIFELINE is only available for one landline or one wireless phone line per household. I am the head of the household and will only receive LIFELINE from LINE UP. I will notify LINE UP immediately if I cease to participate in the program(s) and no longer qualify for LIFELINE. By my signature below, I give the Social Security Administration permission to inform my local exchange telephone company whether or not I am entitled to Supplemental Security Income benefits, as of the date of this application.

By signing below, I certify, under penalty of perjury - (additionally, please initial each of the 4 statements below)

1. The information contained within this application is true and correct. I acknowledge that providing false or fraudulent documentation in order to receive assistance is punishable by law.

Initials: _____

2. I understand that Lifeline is only available for one landline or wireless phone line per household. I am the head of household and will only receive Lifeline from LINE UP.

Initials: _____

3. Furthermore, I certify that I will only use this phone for my family's own use and will not resell it.

Initials: _____

4. I will notify LINE UP immediately if I no longer qualify for Lifeline, or if I have a question as to whether would still qualify.

Initials: _____

3. SIGNATURE (Required): _____ **Date:** _____